

ISSUE SLIP STAMP AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.A.P.E. CLASSIFIER	<i>MA</i>		10-11-01
FORMALITY REVIEW	<i>SA</i>	<i>101</i>	10/11/01
RESPONSE FORMALITY REVIEW	<i>SA</i>	<i>101</i>	10/11/01

INDEX OF CLAIMS

✓ \_\_\_\_\_ Rejected  
 \_\_\_\_\_ Allowed  
 (Through number) \_\_\_\_\_ Contested  
 \_\_\_\_\_ Restricted  
 M \_\_\_\_\_ Non-elected  
 I \_\_\_\_\_ Interference  
 A \_\_\_\_\_ Appeal  
 O \_\_\_\_\_ Objected

Final	Original	Date
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		
25		
26		
27		
28		
29		
30		
31		
32		
33		
34		
35		
36		
37		
38		
39		
40		
41		
42		
43		
44		
45		
46		
47		
48		
49		
50		
51		
52		
53		
54		
55		
56		
57		
58		
59		
60		
61		
62		
63		
64		
65		
66		
67		
68		
69		
70		
71		
72		
73		
74		
75		
76		
77		
78		
79		
80		
81		
82		
83		
84		
85		
86		
87		
88		
89		
90		
91		
92		
93		
94		
95		
96		
97		
98		
99		
100		

If more than 150 claims or 10 actions  
 staple additional sheet here

(LEFT INSIDE)

BEST AVAILABLE COPY